

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90017 023 ***550.00

DOCUMENT # P99000049717

1. Entity Name
SANTI'S WEAR COMPANY



Principal Place of Business
 3250 SW 23 STREET
 MIAMI FL 33145

Mailing Address
 3250 SW 23 STREET
 MIAMI FL 33145

2. Principal Place of Business
9511 FOUNTAIN BLUE BLVD
 Suite, Apt. #, etc.
#107

3. Mailing Address
P.O. Box
 Suite, Apt. #, etc.
670190

City & State
MIAMI, FL
 Zip
33172
 Country
USA

City & State
Coral Springs, FL
 Zip
33067
 Country
USA

4. FEI Number
65-0938589

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BELTRAN, LILIANA
 3250 SW 23 STREET
 MIAMI FL 33145

7. Name and Address of New Registered Agent

Name
BELTRAN, LILIANA
 Street Address (P.O. Box Number is Not Acceptable)
9511 FOUNTAIN BLUE BLVD #107
 City
MIAMI FL Zip Code
33172

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **Liliana Beltran**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	BELTRAN, LILIANA	3250 SW 23 STREET	MIAMI FL 33145	<input type="checkbox"/>
SD	HERNANDEZ, ALBERT IVAN	3250 SW 23 STREET	MIAMI FL 33145	<input type="checkbox"/>
T	DELGADO, GLORIA	3250 SW 23 STREET	MIAMI FL 33145	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
P/D/T	BELTRAN, LILIANA	9511 FOUNTAIN BLUE BLVD #107	MIAMI, FL 33172	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	HERNANDEZ, ALBERT IVAN	9511 FOUNTAIN BLUE BLVD #107	MIAMI, FL 33172	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Liliana Beltran**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(305) 480-7693

Daytime Phone #

CR2E034 (5/00)